PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 33 Musselshell 0605 Roundup Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # # Per Day Capacity Inspection 50 55 1 109 1.15 50 08/12/04 50 55 14 38 0.95 48 08/12/04 50 15 0.95 48 08/12/04 55 66 17 0.95 50 55 140 48 08/12/04 2 72 50 55 48 1.57 08/12/04 50 55 3 148 0.95 48 08/20/04 5 50 55 80 0.95 48 08/20/04 50 55 6 92 1.57 72 08/12/04 7 0.95 19 50 55 180 08/12/04 50 55 9 204 0.95 48 08/20/04

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State	
District	
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DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					•	Second Semester to County Superin to State Superinter	tendent
COMPL	ETE TH	IS CLAIM FOR ST	ATE REIMI	BURSEMEN	IT FOR SC	HOOL BUS TRA	NSPORTATION:	
This clain	n is for the	period beginning		,	20 and	ending	,	20
			month	day			month da	
CERTIF	ICATIO	N:						
The infor	mation on	this form is complete an	d accurate to th	e best of my kn	owledge.			
Date		Signa	ture, Chair, Boar	d of Trustees				
County:		Distri	ct:				District Lev	vel:
33 Muss	selshell	060	0607 Melstone Elem				Elemen	itary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	64J	1 WEST	67	0.95	47	08/19/04		
50	64J	2 EAST	115.8	0.95	21	08/19/04		
50	64J	3 NORTH	47	1.15	53	08/19/04		
			•	•	•	•		

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PI

50

50

64-H

64-H

2 EAST

3 NORTH

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

115.8

47

0.95

1.15

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State	
District	
County	
	District

Helena, MT 59620-2501							School Bus Transportation County			
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATION:		
This claim is for the period beginning					,	20 and en	ding	,	20	
				month	day		m	onth da	ay	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County:				District:					District Level:	
33 Muss	elshell		0608 Melstone H S				High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	64-H	1 WEST		67	0.95	47	08/19/04			

21

53

08/19/04

08/19/04

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